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Duplicate

**REQUEST
FOR
CONTINUED EXAMINATION (RCE)
TRANSMITTAL**

Subsection (b) of 35 U.S.C. §132, effective on May 29, 2000, provides for continued examination of an utility or plant application filed on or after June 8, 1995.

See The American Inventors Protection Act of 1999 (AIPA).

Application Number	09/679,544
Filing Date*	October 6, 2000
First Named Inventor	YEN
Group Art Unit	2189
Examiner Name	T. Vo
Attorney Docket No.	BHT/3092-149

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.

NOTE: * Filing date must be on or after June 8, 1995; but if before May 29, 2000, then consider a CPA.

1. Please consider the following as the required submission under 37 C.F.R. §1.114:
 - a. The Amendment/Reply filed concurrently herewith on January 20, 2004:
 - b. The Information Disclosure Statement (IDS) filed on (date):
 - c. The Brief/Reply Brief filed on (date):
 - d. The ___ page(s) of Form PTO-1449 and copy of each listed document filed (date):
 - e. Other:
2. A Two- month Petition for Extension of Time is filed herewith.
3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17 to Deposit Account No. 501874.
4. A check in the amount of \$595 is submitted herewith (extension fee \$210; filing fee \$385).
5. This Request is transmitted by facsimile to number (703) _____.
6. Other:

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Technology Center 2100

THE RCE FEE IS CALCULATED AS FOLLOWS:					Basic Fee:	\$770.00
Total Claims:	7	-	20	(highest number previously paid for) =	0.00	X \$18 = 0
Independent Claims:	1	-	3	(highest number previously paid for) =	0.00	X \$86 = 0
Correspondence Address: TROXELL LAW OFFICE PLLC 5205 Leesburg Pike, Suite 1404 Falls Church, VA 22041					Multiple Dependent Claim (add \$280.00):	0
					Subtotal:	\$770.00
					50% Reduction if Small Entity Status:	\$385.00
Phone: 703-575-2711 Fax: 703-575-2707					Total:	\$385.00
Date:	Name:			Signature:	Reg. No.	
January 16, 2004	Bruce H. Troxell				26,592	

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